

LOUDOUN COUNTY EMPLOYMENT APPLICATION

PLEASE IDENTIFY THE RECRUITMENT SOURCE WHERE YOU FIRST LEARNED ABOUT THE POSITION FOR WHICH YOU ARE APPLYING.

Baltimore Sun []	Loudoun Easterner []
Blue Ridge Leader []	Loudoun Observer []
County Employee referral []	Loudoun Times-Mirror []
County Employment Opportunities List []	Washington Post []
Herndon Observer []	WashingtonPostJobs.com []
Job Fair []	Winchester Star []
Leesburg Today []	Professional Publication [] _____
Loudoun Connection []	Other Website [] _____
Loudoun County Website []	Other Newspaper/TV/Radio [] _____

COMPLETION OF THE FOLLOWING INFORMATION IS VOLUNTARY

The following EEO information is collected in order to meet the reporting requirements set forth by federal regulations. This information will NOT be used in making employment decisions and will NOT be kept with your application for employment.

Check all appropriate categories:

<input type="checkbox"/> Male	<input type="checkbox"/> American Indian (includes Alaskans)
<input type="checkbox"/> Female	<input type="checkbox"/> Asian & Asian American (includes Pakistanis, Indians, or Pacific Islanders)
	<input type="checkbox"/> Black (includes Jamaicans, Bahamians & other Caribbean or Africans but not Hispanic or Arabian descent)
	<input type="checkbox"/> Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or Spanish origin or culture)
	<input type="checkbox"/> White (includes Arabian)

Name _____ Date of Birth _____



COUNTY OF LOUDOUN APPLICATION FOR EMPLOYMENT

Human Resources Division 1 Harrison Street, SE, 4th Floor, P.O. Box 7000 Leesburg, Virginia 20177
HR: (703) 777-0213 Application Request Line: (703) 777-0536 FAX: (703) 771-5525
Web Site: www.loudoun.gov Email Address: hr@loudoun.gov

AN EQUAL OPPORTUNITY EMPLOYER: Under the provisions of the Americans with Disability Act (ADA) reasonable accommodation will be made during the selection process for this job upon your request.

INSTRUCTIONS: Please print or type in black ink. If more space is needed attach a continuation sheet. YOU MUST COMPLETE EACH SECTION OF THIS APPLICATION

Recruitment # Position for which you are applying Department/Location

NAME Last First Middle

ADDRESS Street City State Zip Code

PHONE (H) (W) Social Security #

- For the purpose of compliance with the United States Immigration and Nationalization Act, and Section 40.1-11.1 of the Code of Virginia, are you legally eligible for employment in the United States? ____ Yes ____ No
- Are you an honorably discharged veteran of the armed forces of the United States? ____ Yes ____ No
If Yes, do you have a service connected disability rating you wish us to consider in accordance with VA Code 15.2-1509? _____
- Were you previously employed by Loudoun County Government? If so, please provide employment dates, position title and department _____
- Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations?
Yes ____ No ____ (If yes, explain _____)
- Do you have a valid drivers' license? Yes ____ No ____ Number/State/Expiration Date _____
- Have you ever been fired or resigned from a position after being notified you would be fired?
Yes ____ No ____ (If yes, explain _____)

	Name & Location	Date		Degree or # Of Credits Completed	Date Graduated	Major Area of Study
		From	To			
High School or Highest Grade Completed						
College or University						
Graduate School						
Business or Trade School						

List below present and past employment, beginning with the most recent. Include any related military service or related volunteer work. If appropriate, list number and title of employees you supervised in each position. You may attach a resume as supplemental information.

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of Hours per week	Reason for Leaving
	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

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	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

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	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

Awards or Certifications: _____ Languages: _____

Special Skills & Abilities (including computer skills) _____

1) I certify that the statements in this application are true and complete to the best of my knowledge, and I agree that any intentional misstatement or omission will constitute grounds for unfavorable consideration of my application or dismissal from employment with the County of Loudoun.
2) I authorize the County of Loudoun to obtain information from past employers and other sources to support the data on this application, including a review of my educational, criminal and credit records, as appropriate.
3) **You may contact my PRESENT employer Yes__ No__ (If no, explain)**_____

APPLICANT'S SIGNATURE_____
DATE_____

Name & Address of Employer	From Mo./Yr.	To Mo./Yr.	Starting Salary	Ending Salary	# of hrs per week	Reason for Leaving
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Supervisor's Name/Telephone						
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	Position Title:					
	Description of work:					
Supervisor's Name/Telephone						

Print Name: _____ Social Sec. No. _____ Recruitment No. _____